

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	67614	8/9/00
O.I.P.E. CLASSIFIER		10	8-14-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		10017	9/28/00
		<i>✓</i>	12-1-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/09/02
2	✓	✓	02/02/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	N	N	
9	N	N	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
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21	✓	✓	
22	N	N	
23	✓	✓	
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27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	N	N	
34	F	F	
35	I	I	
36	N	N	
37	A	A	
38	L	L	
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If more than 150 claims or 10 actions  
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